



\$ RCE/HW

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Request for Continued Examination (RCE) Transmittal	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	10/733,859 December 11, 2003 Gerd HEXELS 1775 Ula Corinna Ruddock LORWER P27AUS
Address to: Mail Stop RCE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☒ Other Please consider the response filed on March 31, 2006 which responded to the February 8, 2006 final rejection.
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. **Fees**

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments to Deposit Account No. 04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.

- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____

b. ☒ Check in the amount of \$395 enclosed.

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-23048.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature: _____
Name: Michael J. Bujold

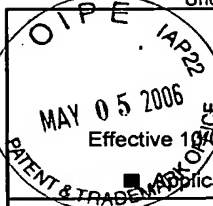
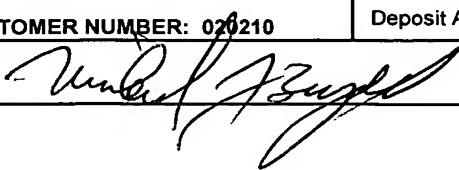
Date: May 3, 2006
Registration No.: 32,018

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature: _____
Name: Michael J. Bujold

Date: May 3, 2006

<div style="float: left; width: 150px; text-align: center;">  </div> <div style="float: right; width: 350px;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3> <p style="margin: 0;">Effective 10/1/2003. Patent fees are subject to annual revision.</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <div style="clear: both;"></div>					Complete if Known																																																																																																																																																																																																																
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The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account.					FEE CALCULATION (continued)																																																																																																																																																																																																																
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Typed or Printed Name <div style="text-align: center;">Michael J. Bujold</div>					Registration No. 32,018		Telephone (603) 624-9220																																																																																																																																																																																																														
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/733,859	
Filing Date	December 11, 2003	
First Named Inventor	Gerd HEXELS	
Group Art Unit	1775	
Examiner Name	Ula Corinna Ruddock	Fax: (571) 273-8300
Total No. of Pages in this Submission: 5	Attorney Docket Number	LORWER P27AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Request for Cont. Examination - 1 pg.
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REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	May 3, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on May 3, 2006

Type or printed name	Michael J. Bujold
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